

NOTICE OF CONTRACTING OPPORTUNITY

**APPLICATION FOR
NAVY CONTRACT POSITIONS
7 February 2003**

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 28 FEB 03. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

**NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 21C
1681 NELSON STREET
FORT DETRICK MD 21702-9203**

**E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE 21C**

A. NOTICE. This position is set aside for individual Psychologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. Psychologist. The Government is seeking to place under contract an individual who holds (a), a current, unrestricted license to practice as a Psychologist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, and (b), Doctorate Degree (Ph.D. or Psy.D) of clinical psychology from an accredited college approved by the American Psychological Association and required internship programs for the degree and state licensure. This individual must also (1) meet all the requirements contained herein (2) obtain and maintain delineated clinical privileges; and (3), competitively win this contract award.

Services shall be provided at the Naval Hospital, Corpus Christi, TX.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0700 and 1700. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. An alternative work schedule, such as 9 or 10 hour days may be implemented at the mutual agreement of you and the Government. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue 8 hours of personal leave, to be used for both planned (vacation) and unplanned (sickness) absences at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commanding Officer” means: Commanding Officer, Naval Hospital, Corpus Christi, TX, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of diagnostic examinations, the development of comprehensive treatment/diagnostic plans (when indicated) and the delivery of records and reports required to document procedures performed and care provided utilizing the Health Maintenance Strategies International Manual (HMSI) standards. The psychologist must also provide emergency consultation and treatment as required, during contracted hours, within the scope of your licensure and the clinical privileges approved by the Commanding officer. You may be required to provide therapeutic treatment and evaluation of patients in the Family Advocacy Program. These services will be provided on site, using Government furnished facilities, equipment and supplies. Your actual clinical activity will be a function of the Commanding Officer's credentialing/privileging process and the overall demand for Psychology services.

1. Administrative and Training Requirements

1.1. Provide training and /or direction to supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. Participate in clinical staff quality assurance functions at the prerogative of the Commanding Officer. You will be expected to participate in the peer review process as outlined by the Joint Commission for the Accreditation of Hospital Organizations and the Government.

1.2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.3. You may be required to participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to psychology care.

1.4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

1.5. FAMILY ADVOCACY. Participate in the implementation of the Hospital's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.6. You are required to maintain Basic Life Support Level C re-certification during the term of the contract. This re-certification will be provided by the Navy.

1.7. Perform necessary administrative duties that include maintaining statistical records of your workload, operate

and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

2. STANDARD DUTIES. You shall perform a full range of outpatient psychology services to include, but not limited to those services identified in Attachment 1, on site, using Government furnished facilities, equipment and supplies. Workload includes scheduled and unscheduled requirements for services. Outpatient work units are defined as any initial patient visit and any subsequent follow-up visits deemed appropriate/necessary by the psychologist. Primary workload is a result of appointments scheduled through the Specialty Clinic. Secondary workload is the result of psychology evaluation requests submitted to the Specialty Clinic from the MTF medical staff. Outpatient psychology workload is scheduled as a result of physician referrals requesting mental health services for active duty military personnel and other eligible beneficiaries or patient self referrals. You are responsible for the delivery of comprehensive psychology services within the facility and for the quality and timeliness of records, reports and documentation of services provided. Your productivity is expected to be comparable to that of other Psychologists that are authorized the same scope of practice and assigned to the same type of a facility. Your responsibilities shall include, but are not limited to:

2.1. Provide immediate consultation to aid in the evaluation and management of emergent/urgent patient situations.

2.2. Provide professional oversight to the Navy's CAAC program.

2.3. Provide return consultations to any requesting Naval Hospital staff healthcare provider; responses to consultations for "same day requests" will be provided within 24 hours.

2.4. Thoroughly, accurately and legibly document patient care in the patient's medical treatment record using authorized standard forms and/or the CHCS system in accordance with written policies and procedures as mandated by the privileging authority.

2.5. Work closely with clinical staff regarding patient awareness/wellness programs that are in relation to the mental health field.

2.6. Ensure that work areas are clean and safe according to Navy and federal regulations.

2.7. Ensure that quality assurance protocols are followed.

3. Credentialing and Privileging Requirements.

3.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/Code02/contractorinfo.htm>.

3.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

4. JCAHO Requirements. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

- 4.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
- 4.1. The regulations and standards of professional practice of the treatment facility, and
- 4.3. The bylaws of the treatment facility's professional staff.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

- 1. Possess a Doctorate Degree (Ph.D. or Psy.D) of clinical psychology from an accredited college approved by the American Psychological Association and required internship programs for the degree and state licensure.
- 2. Possess a current, valid, unrestricted license to practice clinical Psychology in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
- 3. Have successfully completed and have documentation of approved continuing medical education that relates to Psychology skills and knowledge in the preceding 2 years.
- 4. Have experience as a practicing clinical Psychologist of at least 3 years within the preceding 4 years.
- 5. Have a working knowledge of a clinical type computer system(s); such as the Composite Healthcare System (CHCS).
- 6. Provide two letters of recommendation from hospital administrators/supervisors or practicing clinical Psychologists attesting to your skills in such areas as Psychology of Adults/Adolescent Suicide Crisis Evaluation, Sexual Abuse Evaluation/Treatment of Perpetrator and Victim, Psychological Evaluation of Drug/Alcohol Abuse, Group Counseling/Therapy, Staff Training and Psychological Screenings for specialized job assignments; for example: in military directive, i.e., investigations, security clearances, isolated duty assignments. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.
- 7. Represent an acceptable malpractice risk to the Navy.
- 8. Possess U.S. employment eligibility per Attachment 3. Please provide copies of supporting documentation.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

- 1. Quality and quantity of experience as it relates to the duties contained herein. This experience may include familiarity with the DSM-IV and psychiatric testing (such as WAIS-R, WISC-C, Rorschach, TAT, CAT, MMPI, MCMI, MAPI, Bender and DAP), etc., then,
- 2. The letters of recommendation required in item (D) (6), above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as described, etc., then,
- 3. Certificates of completed Continuing Medical Education hours, then,
- 4. Prior experience in a military medical facility (Form DD214),

5. Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Psychologist " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two or more letters of recommendation per paragraph D.6., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Psychologist ". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration

completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-6021.

We look forward to receiving your application.

ATTACHMENT 1

PERSONAL QUALIFICATIONS SHEET - PSYCHOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item IX. of the Personal Qualifications Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b), you may lose your clinical privileges.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license or certification to practice ever been revoked or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature) _____(mm/dd/yy)
(Date)

PERSONAL QUALIFICATIONS SHEET - PSYCHOLOGIST

I. General Information

Name: _____ SSN: _____

Last First Middle

Address:

Phone: ()

II. Professional Education:

Doctorate Degree from: _____
(Name of APA accredited School and location)

Date of Degree: (mm/dd/yy)

Residency completed at: _____
(Name an location of school where residency was obtained)

Date of Residency Completion: _____ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted):

_____ (mm/dd/yy)

| State | Date of Expiration |
|----------------|--------------------|
| Alabama | 12/31/2025 |
| Alaska | 12/31/2025 |
| Arizona | 12/31/2025 |
| Arkansas | 12/31/2025 |
| California | 12/31/2025 |
| Colorado | 12/31/2025 |
| Connecticut | 12/31/2025 |
| Delaware | 12/31/2025 |
| Florida | 12/31/2025 |
| Georgia | 12/31/2025 |
| Hawaii | 12/31/2025 |
| Idaho | 12/31/2025 |
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| Maine | 12/31/2025 |
| Maryland | 12/31/2025 |
| Massachusetts | 12/31/2025 |
| Michigan | 12/31/2025 |
| Minnesota | 12/31/2025 |
| Mississippi | 12/31/2025 |
| Missouri | 12/31/2025 |
| Montana | 12/31/2025 |
| Nebraska | 12/31/2025 |
| Nevada | 12/31/2025 |
| New Hampshire | 12/31/2025 |
| New Jersey | 12/31/2025 |
| New Mexico | 12/31/2025 |
| New York | 12/31/2025 |
| North Carolina | 12/31/2025 |
| North Dakota | 12/31/2025 |
| Ohio | 12/31/2025 |
| Oklahoma | 12/31/2025 |
| Oregon | 12/31/2025 |
| Pennsylvania | 12/31/2025 |
| Rhode Island | 12/31/2025 |
| South Carolina | 12/31/2025 |
| South Dakota | 12/31/2025 |
| Tennessee | 12/31/2025 |
| Texas | 12/31/2025 |
| Utah | 12/31/2025 |
| Vermont | 12/31/2025 |
| Virginia | 12/31/2025 |
| Washington | 12/31/2025 |
| West Virginia | 12/31/2025 |
| Wisconsin | 12/31/2025 |
| Wyoming | 12/31/2025 |

IV. Approved Continuing Education, to include residencies:

| Title of Course | Course Dates | CE Hrs |
|-----------------|--------------|--------|
|-----------------|--------------|--------|

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

V. Basic Life Support Level C:

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 3 years within the preceding 4 years. Provide dates as month/year.

| <u>Name and Address of Present Employer</u> | <u>From</u> | <u>To</u> |
|---|-------------|-----------|
| (1) | | |

Work performed:

Names and Addresses of Preceding Employers

| | <u>From</u> | <u>To</u> |
|-----|-------------|-----------|
| (2) | | |

Work performed:

| | <u>From</u> | <u>To</u> |
|-----------|-------------|-----------|
| (3) _____ | _____ | _____ |

Work performed: _____

Are you currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? _____

VII. Experience in clinical type computer systems: Identify any computer systems with which you are familiar.

VIII. Familiarity with the DSM-IV and psychiatric testing (such as WAIS-R, WISC-C, Rorschach, TAT, CAT, MMPI, MCMI, MAPI, Bender and DAP), etc..

IX. Professional References:

Provide two letters of recommendation from hospital administrators/supervisors or practicing clinical Psychologists attesting to your skills in such areas as Psychology of Adults/Adolescent Suicide Crisis Evaluation, Sexual Abuse Evaluation/Treatment of Perpetrator and Victim, Psychological Evaluation of Drug/Alcohol Abuse, Group Counseling/Therapy, Staff Training and Psychological Screenings for specialized job assignments; for example: in military directive, i.e., investigations, security clearances, isolated duty assignments. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

X. Employment Eligibility:

Do you meet the requirements for U.S. Employment Eligibility contained in Section V?

Yes No

XI. Additional Medical Certification, Degrees or Licensure:

Type of Certification, Degree or License and Date of Certification or Expiration

XII. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, CME certificates, commendations or documentation of any awards you may have received, prior military experience, etc.

XIII. I hereby certify the above information to be true and accurate:

_____(Signature) _____(Date)(mm/dd/yy)

CLINICAL PSYCHOLOGY - PROCEDURES

Provide consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders

Organic mental disorders
Psychotic disorders
Schizophrenia
Delusional disorders
Mood disorders
Anxiety disorders
Somatoform disorders
Psychoactive substance use disorders
Sleep disorders
Factitious disorders
Impulse control disorders
Psychological factors affecting physical condition
Disorders usually first evident in infancy, childhood, or adolescence now manifest in an adult patient such as eating disorders and gender identity disorders
Conditions not attributable to a mental disorder that are a focus of attention or treatment
Sexual disorders
Adjustment disorders
Personality disorders
Dissociative disorders
Combat stress reaction

Diagnostic and therapeutic procedures:

Interviewing
Psychosocial history taking
Mental status examination
Major types of psychotherapy including short term, long term, psychodynamic, family, marital group, individual, and behavior therapy
Crisis intervention
Community outreach (e.g., health promotion and command consultation)
Special psychological examinations (e.g., incapacitation determinations) and Rules for Courts-Martial, Article 706 examinations (sanity boards)
Evaluations for suitability and fitness for duty
Administration and interpretation of psychological tests (intellectual and cognitive, clinical objective and inventory, clinical projective, achievement, vocational and aptitude, and questionnaire and survey instruments)

CLINICAL PSYCHOLOGIST - ADVANCED PROCEDURES

Neuropsychological assessment (requires subspecialty Code 1842)
Prescribe and dispense psychotropic medications as delineated by the Pharmacy and Therapeutics Committee
Admit patients to the hospital included in the psychologist's scope of care and be responsible for patient histories and physical findings respective to their areas of expertise
Consultation, differential diagnosis, and treatment planning for all disorders relevant to children and adolescents defined by the Diagnostic and Statistical Manual of Mental Disorders.
Diagnostic and therapeutic procedures:
* Interviewing
* Psychosocial history taking
* Mental Status Examination
* Administration and interpretation of psychological tests (intellectual, cognitive, objective and projective personality, achievement, standardized questionnaires, and survey instruments)

- * Clinical intervention techniques directed toward treating the emotional conflicts, personality disturbances,
and skill deficits underlying a child or adolescent's distress and dysfunction
- * Psychotherapy, brief or long-term, such as individual, family, or group
- * Development of school and home behavior modification programs
- * School consultation, including participation on case review committees, classroom observation, consultation with teachers, and planning of Individualized Education Programs
- * Early Intervention Services, including developmental evaluations and participation in treatment planning and multidisciplinary intervention teams
- * Crisis intervention
- * Community outreach (e.g., health promotion, promotion of early intervention services, in-service training of teachers, child development workers, and other professionals)
- * Consultation-liaison services

Criteria for Supplemental Pediatric Psychology Services

**One year postdoctoral fellowship in Pediatric Psychology or equivalent specialized training and supervised practice.

ATTACHMENT 2 PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 30 JUN 03 through 30 SEP 03. Five option periods will be included which will extend services through 29 JUN 08, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Psychologists in the Corpus Christi area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

| <u>Line Item</u> | <u>Description</u> | <u>Quantity</u> | <u>Unit</u> | <u>Unit Price</u> | <u>Total Amount</u> |
|-----------------------------------|---|-----------------|-------------|-------------------|---------------------|
| 0001 | The offeror agrees to perform, on behalf of the Government, the duties of one Psychologist for the Naval Hospital, Corpus Christi, TX in accordance with this application and the resulting contract. | | | | |
| 0001AA | Base Period; 30 JUN 03 thru 30 SEP 03 | 536 | Hour | _____ | _____ |
| 0001AB | Option Period I; 01 OCT 03 thru 30 SEP 04 | 2096 | Hour | _____ | _____ |
| 0001AC | Option Period II; 01 OCT 04 thru 30 SEP 05 | 2088 | Hour | _____ | _____ |
| 0001AD | Option Period III; 01 OCT 05 thru 30 SEP 06 | 2080 | Hour | _____ | _____ |
| 0001AE | Option Period IV; 01 OCT 06 thru 30 SEP 07 | 2080 | Hour | _____ | _____ |
| 0001AF | Option Period V; 01 OCT 07 thru 29 JUN 08 | 1560 | Hour | _____ | _____ |
| TOTAL FOR CONTRACT LINE ITEM 0001 | | | | \$ | _____ |

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

LISTS OF ACCEPTABLE DOCUMENTS – ATTACHMENT 3

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**ATTACHMENT 4
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.com>. If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax **"THIS COMPLETED CONFIRMATION SHEET"** to:

Naval Medical Logistics Command
ATTN: Code 02 (21C)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Email Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

ATTACHMENT 5
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
☐ ___ Hispanic American.
☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Quoter's Name: _____

Notice of Contracting Opportunity No.: MC-06-03